



FEE TRANSMITTAL for FY 2007

Patent fees are subject to annual revision.

Complete if Known

Application Number	10/692,669
Filing Date	October 24, 2003
First Named Inventor	Naveen Bali
Examiner Name	Dustin Nguyen
Art Unit	2154
Attorney Docket No.	5693P032

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)
810.00

METHOD OF PAYMENT (check all that apply)

- ☒ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below ☒ Credit any overpayments
- ☐ Charge fee(s) indicated below, except for the filing fee ☒ Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged.
- ☒ Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application.

FEE CALCULATION

1. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
19	21* = 0	50.00	\$0.00
Independent Claims	6	210.00	\$0.00
Multiple Dependent			

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
1202 50	2202 25	Claims in excess of 20
1201 210	2201 105	Independent claims in excess of 3
1203 370	2203 185	Multiple Dependent claim, if not paid
1204 810	2204 405	**Reissue independent claims over original patent
1205 810	2205 405	**Reissue claims in excess of 20 and over original patent

**or number previously paid, if greater, For Reissues, see below

SUBTOTAL (1) (\$)
0.00

2. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
1051 130	2051 65	Surcharge - late filing fee or oath
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet.
2053 130	2053 130	Non-English specification
1251 120	2251 60	Extension for reply within first month
1252 460	2252 230	Extension for reply within second month
1253 1,050	2253 525	Extension for reply within third month
1254 1,640	2254 820	Extension for reply within fourth month
1255 2,230	2255 1,115	Extension for reply within fifth month
1401 510	2401 255	Notice of Appeal
1402 510	2402 255	Filing a brief in support of an appeal
1403 1,030	2403 515	Request for oral hearing
1451 1,510	2451 1,510	Petition to institute a public use proceeding
1460 130	2460 130	Petitions to the Commissioner
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)
1806 180	1806 180	Submission of Information Disclosure Stmt
1809 810	1809 405	Filing a submission after final rejection (37 CFR § 1.129(a))
1810 810	2810 405	For each additional invention to be examined (37 CFR § 1.129(b))

Other fee (specify)

Request for Continued Examination (RCE)

SUBTOTAL (2)

(\$)
810.00

SUBMITTED BY

Name (Print/Type)	Sheryl Sue Holloway	Registration No. (Attorney/Agent)	37,850	Telephone	(408) 720-8300
Signature				Date	07/30/08



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- ☒ Credit any overpayments
- ☒ Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged.

FEE CALCULATION

1. EXTRA CLAIM FEES

		Extra Claims	Fee from below	Fee Paid
Total Claims	19	21*	0	50.00
Independent Claims	6	7*	0	210.00
Multiple Dependent				
Large Entity				
Small Entity				
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	50	2202	25	Claims in excess of 20
1201	210	2201	105	Independent claims in excess of 3
1203	370	2203	185	Multiple Dependent claim, if not paid
1204	810	2204	405	**Reissue independent claims over original patent
1205	810	2205	405	**Reissue claims in excess of 20 and over original patent

**or number previously paid, if greater. For Reissues, see below

SUBTOTAL (1) (\$)

0.00

2. ADDITIONAL FEES

Large Entity	Small Entity	
Fee Code	Fee (\$)	Fee Code
1051	130	2051
1052	50	2052
2053	130	2053
1251	120	2251
1252	460	2252
1253	1,050	2253
1254	1,640	2254
1255	2,230	2255
1401	510	2401
1402	510	2402
1403	1,030	2403
1451	1,510	2451
1460	130	2460
1807	50	1807
1806	180	1806
1809	810	1809
1810	810	2810
Other fee (specify)		

Fee Description

Fee Paid

SUBTOTAL (2)

(\$)

810.00

SUBMITTED BY

Name (Print/Type) Sheryl Sue Holloway

Registration No. (Attorney/Agent)

37,850

Telephone

(408) 720-8300

Signature

Date

07/30/08